

Michigan Department Of Community Health  
BUREAU OF HEALTH SYSTEMS  
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### BHS E-MAIL REGISTRATION

The Bureau of Health Systems has an automated Provider Group List for the purpose of providing general information, program updates, alerts and clarifications via electronic mail to long-term care providers. The Bureau also has the capability now to transmit reports electronically and will be utilizing e-mail to providers who agree to accept reports transmitted electronically. You will need to download Adobe Acrobat Reader (free Internet software) to view and print attachments. Please complete this form **if you have never registered with us or if your e-mail address has changed** indicating **each address** to be used for reports and general information. Unfortunately reports cannot be returned electronically with the *Plan of Correction*. The *Plan of Correction* may be added to a printed report and returned for approval by U.S. mail or overnight delivery to the Licensing Officer. This form may be completed and returned by mail or fax.

FACILITY NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PROVIDER NUMBER: 23- \_\_\_\_\_

BHS NUMBER: \_\_\_\_\_

E-MAIL ADDRESS  
(FOR GENERAL INFORMATION): \_\_\_\_\_

E-MAIL ADDRESS  
(FOR ELECTRONIC REPORTS): \_\_\_\_\_

FACILITY CONTACT NAME: \_\_\_\_\_

FACILITY CONTACT PHONE #: \_\_\_\_\_

DATE: \_\_\_\_\_